PHILADELPHIA'S HEALTH AND HUMAN SERVICE AGENDA: PRIORITIES OF THE NUTTER ADMINISTRATION

This document presents a summary of "Philadelphia's Health and Human Service Agenda: Priorities of the Nutter Administration," a seminar sponsored by The Pew Fund for Health and Human Services. Held on April 11, 2008, the seminar was part of The Pew Charitable Trusts' information series called *Programs Adjusting to a Changing Environment* (PACE), created to improve nonprofits' ability to succeed by providing them with critical information, tools and technical assistance.

Philadelphia Mayor Michael Nutter, who took office in January of 2008, ran on a platform of high performance and government accountability. This PACE session, which was attended by representatives from a range of health and human service providers throughout the region, was designed to offer nonprofit leaders the opportunity to engage with key members of the Nutter administration and hear an early discussion of their departments' plans and priorities. Many of the nonprofit organizations in attendance work in close partnership with city agencies; understanding the priorities of a new mayoral administration is of high importance.

Three representatives of the Nutter administration participated in the PACE session:

- **Pauline Abernathy** – Senior Advisor to Mayor Michael A. Nutter. Ms. Abernathy was most recently Deputy Director of Health and Human Services Policy at The Pew Charitable Trusts. In her eight years at Pew, she initiated, designed and managed national policy initiatives related to foster care, college student debt, retirement security and conflicts of interest in the medical profession. Prior to joining Pew, Ms. Abernathy was a senior advisor at the U.S. Department of Education in the Clinton Administration.

- **Donald F. Schwarz, M.D.** – Deputy Mayor for Health and Opportunity and Health Commissioner. Dr. Schwarz was Vice Chairman of the Department of Pediatrics of the University of Pennsylvania School of Medicine and Craig-Dalsimer Division Chief for Adolescent Medicine at The Children's Hospital of Philadelphia. He served for four years as President of the Board of Directors of Public Citizens for Children and Youth (formerly Philadelphia Citizens for Children and Youth) and has been a member of the Governing Council of the American Public Health Association.

- **Arthur C. Evans, Jr., Ph.D.** – Director of Philadelphia's Department of Behavioral Health and Mental Retardation Services (DBH/MRS) and Acting Commissioner of the Department of Human Services (DHS). Appointed in 2004 as the Director of the Department of Behavioral Health, Dr. Evans is leading a major initiative to transform the delivery of behavioral health care and mental retardation services in Philadelphia. As Acting Commissioner of DHS, a position he has held since October of 2006, Dr. Evans is working to implement reforms in the city's child welfare system.*

**In June 2008 Ann Marie Ambrose was appointed DHS Commissioner.*

THE MAYOR'S EARLY AGENDA AND APPROACHES

Pauline Abernathy provided a brief overview of the strategic agenda the Nutter administration is implementing in Philadelphia to enable city agencies to work more effectively and improve services to citizens.

Changes in How City Government is Organized

Between the primary and the general election, Mayor Nutter visited a number of American cities to determine what systems they had in place that could benefit Philadelphia. He was struck that many of the challenges in Philadelphia's city government are issues of coordination—different city agencies have not been set up to work effectively together. In other cities, the structure of city government seemed to facilitate better collaboration and communication between agencies. Mayor Bloomberg in New York City, for example, has a number of deputy mayors who coordinate the work of their respective areas. As a response, Mayor Nutter has created four deputy mayor positions in Philadelphia:

- Deputy Mayor for Planning and Economic Development
- Deputy Mayor for Public Safety
- Deputy Mayor for Transportation and Utilities
- Deputy Mayor for Health and Opportunity

City agencies now report on day-to-day policy and budget issues to the deputy mayor who oversees them. The PACE session focused on Health and Opportunity, the administrative area overseen by Dr. Donald Schwarz. Seven city agencies fall under the area of Health and Opportunity:

- Health
- Human Services
- Behavioral Health/Mental Retardation Services
- Supportive Housing
- Recreation
- Fairmount Park
- Free Library

The strategic rationale for including Recreation, Fairmount Park and the Free Library under Health and Opportunity, along with the the other four agencies, is that the mayor believes that parks, recreation and libraries are important tools for improving civic life in Philadelphia, particularly in terms of creating opportunities for children. The budgets of both the Department of Recreation and Fairmount Park were increased significantly in Mayor Nutter's first proposed city budget, largely because he believes they will have important roles to play in supporting the healthy development of the city's children and youth.

A Focus on Achieving Results

Ms. Abernathy outlined six high-level strategic results that will drive the work of the Nutter Administration. She noted that although these are ambitious goals, the administration is "dead serious" about achieving them. The six strategic results are as follows:

- **Public Safety** – Philadelphia becomes the safest large city in the country.
- **Education** – Philadelphia becomes the country's premier education city.
- **Jobs and Economic Development** – Philadelphia grows as a green city.
- **Healthy and Sustainable Communities** – Philadelphia neighborhoods are vibrant and livable.
- **Ethics** – Philadelphia demonstrates the highest standards for ethics and accountability.
- **Customer Service and High-Performing Government** – Philadelphia becomes a national customer-service leader.

The administration is implementing several programs that are focused on improving government performance and accountability in order to achieve these results.

One of these key tools is PhillyStat. Building on similar programs that have had success in Baltimore and other cities, PhillyStat is an ongoing series of public sessions in which the leadership of city agencies update citizens on the progress that has been made toward particular goals. These sessions are multi-departmental, meaning that all agencies whose work is relevant to the subject at hand will be present, allowing for on-the-spot accountability and problem solving. PhillyStat is focused on outcomes; the meetings provide a venue where the public and city officials can come together and ask, "Did we get the job done?" The public is invited to attend and observe PhillyStat meetings. (Space is limited; first-come, first-serve.) For the schedule of upcoming PhillyStat meetings, visit *www.phila.gov/performance/*. Meetings are held biweekly at 1:00 p.m. on the 18th floor of 1515 Arch Street, in the Planning Commission meeting room. In addition, all PhillyStat sessions will be rebroadcast on Channel 64 at 8:00 p.m. on the same day as the session.

Another component of performance management will be 3-1-1. This will be a centralized call center that will enable Philadelphia residents and visitors to call one number (311) for all non-emergency questions or service requests, from reporting a pothole to requesting a block party permit. Dozens of cities across the U.S. are already utilizing 3-1-1, including New York City, Baltimore, Detroit, Chicago, Denver and Los Angeles. In addition to 3-1-1 being more convenient for residents, the fact that all questions and service requests are centralized will allow for better tracking and follow-up, so that supervisors can ensure residents' requests are addressed in a timely manner. Importantly, a centralized call center will also allow the city to more readily track trends over time and by neighborhood; if it becomes clear that residents of a particular neighborhood are consistently having problems with vandalism, for example, the city will be able to deploy targeted resources to solve the problem. Philadelphia's 3-1-1 system is currently in development, and the administration plans to have it up and running by the end of 2008. Additionally, there are plans for a walk-in center in City Hall to complement the call-in number.

OVERVIEW OF HEALTH AND OPPORTUNITY

Dr. Schwarz began his discussion of the Nutter administration's Health and Opportunity agenda with an overview of the key principles that will guide the work of all seven departments.

The first of these principles is a focus on prevention. The continuum of the administration's prevention efforts will include three levels of prevention.

- **Primary prevention** is for everyone in the community, with the understanding that we all need a healthy, safe civic environment in order to live well. This type of prevention includes services such as recreation programs, parks, libraries and air-quality management.
- **Secondary prevention** specifically targets groups who are at greater risk, whether due to income, location, or other factors. Examples of this type of prevention would include lead poisoning prevention and targeted after-school programs that focus on neighborhoods where youth are at greater risk of poor outcomes.
- **Tertiary prevention** focuses on interventions for people who have already been affected by a problem. This type of prevention encompasses services such as programs for children and youth who have been involved in the juvenile justice system and supportive housing or residential treatment for people with substance-abuse, mental or behavioral health problems.

The next principle is an emphasis on family-focused interventions to promote child and senior well-being. Too often in the past, interventions have focused on children alone, without fully taking into account the vital importance that a child's family context has on his or her development. The key outcomes that the administration will work to achieve through these family-focused interventions are as follows:

- Every child will enter kindergarten ready to learn through investment in families.
- Every 18-year-old will graduate from high school on time.
- Every senior will feel safe at home and on our streets.
- Every Philadelphian will have a dignified home.

Dr. Schwarz stressed that the administration was using the term "family" in a broad sense with regard to its family-focused approach. "We have to build communities and support the social context in which everyone lives," he said.

The administration is putting a priority on early intervention. Dr. Schwarz described the city's approach to prevention as an investment in human capital. He cited a paper by J.J. Heckman, published in 2006 in *Science* magazine, which demonstrated the "rate of return" of investing in human capital. The earlier an intervention is made, the greater the return. Dr. Schwarz discussed a powerful example of one such early intervention from his days as a pediatrician: that of the phenylketonuria (PKU) screening that is now administered to all newborns. In this case, a simple blood test can identify babies with PKU, a disease that if left untreated causes major mental retardation and serious health problems. When it is identified early, PKU can be controlled successfully through diet and monitoring. With this model in

mind, the administration is committed to setting a course that invests in children as early as possible. Dr. Schwarz made it clear that this did not lessen the city's commitment to programs for adolescents, adults and seniors. "We have a responsibility to care for all members of our society," he stressed. "However, given the importance of spending our limited resources in the most cost-effective manner possible, our strategic focus is on programs that help nurture young children and set them on the right course for the future."

Home visiting programs provide an illustrative example of the administration's principles in a real-world setting. These programs are an example of a family-focused early intervention that has been proven to have significant (and cost-effective) outcomes for infants born to mothers living in poverty. Children who grow up in poverty are more likely to have trouble in school. Furthermore, children with behavioral problems, particularly involving physical aggression, are both more likely to have trouble with school and to continue to use physical aggression as they get older. Dr. Schwarz discussed several models of intensive home visiting programs that have been suggested to improve school performance and child behavior. These programs are designed to address the fact that the challenges a mother faces strongly affect the home environment of her children. Through affecting the child's early learning environment, a home visiting program can have long-term effects on a child's cognitive ability and behavior. One model home visiting program that Dr. Schwarz discussed, the MOM program, has been shown to significantly improve the rate at which children were vaccinated and enrolled in Early Intervention and Head Start. Overall, this program also resulted in an 80 percent reduction in children's physical aggression.

The administration's priorities will be informed by best-practices and community input. Dr. Schwarz explained that he had discussed these model home visiting programs as a way to illustrate the role that best practices will play in informing the administration's priorities. He stressed that the administration will work to facilitate public dialogues on outcomes with experts and partners throughout the community. "We don't know everything," he said. "What we will do is convene experts on best practices across the seven agencies under Health and Opportunity, and work together to identify the best, most cost-effective programming to produce the outcomes we're all looking for." Philadelphia, he pointed out, does not have room in its budget for wasting dollars. The Nutter administration is committed to strong financial accountability and not violating the city's budget—so identifying high-quality programs that are also cost-effective will be a key priority.

Health and Opportunity: Administrative Agenda

After discussing the principles that will guide the programmatic agenda of Health and Opportunity, Dr. Schwarz briefly highlighted the major items on the Health and Opportunity administrative agenda. The first item is to continue to transform the Children and Youth division of the Department of Human Services (DHS). In this area, the administration will follow the plan developed in the spring of 2007 by The Philadelphia Child Welfare Review Panel. Also on the administrative agenda is the recruitment of new leadership for DHS, so that Dr. Arthur Evans, who has ably been performing double duty as both Acting Commissioner of DHS and Director of Philadelphia's Department of Behavioral Health and Mental Retardation Services (DBH/MRS), will be liberated to devote his full attention to behavioral health services. The

administrative agenda also includes the implementation of the blueprint for children's behavioral health outlined by the Blue Ribbon Commission on Children's Behavioral Health; investment in Philadelphia's public health infrastructure, including health centers; the development of health planning capability; and the implementation of a plan to locate, fund and manage supportive housing for those in need. The administration also plans to place recreation centers at the heart of community redevelopment, make libraries learning hubs for children in every community and create a sustainable Philadelphia through investment in parks and trees.

Questions and Answers

After Dr. Schwarz's presentation, participants had an opportunity to ask questions and raise concerns. These were among the issues they wanted to know more about:

- **What is the timeline for making these changes?** One participant was glad to hear that the administration had outlined a theory of change for the city, but raised the concern that implementing behavioral change within government and nonprofit organizations was going to take time. Dr. Schwarz agreed—the administration is well aware that the behavioral and fiscal changes they are making can not be expected to happen overnight. The administration is setting a course and working to encourage buy-in from civil servants, service providers and citizens. Ms. Abernathy added that a mix of short-term and longer-term strategies, including pilot projects, will serve to demonstrate that progress is being made without shaking up entire systems too fast.

- **Why have libraries been selected as learning hubs?** Dr. Schwarz explained that 21st-century libraries offer much more than books; they provide opportunities for computer and Web-based learning in addition to being an important source of literacy programs. Further, Dr. Schwarz pointed out that libraries have long been perceived as safe places within their communities, and that it is significantly easier to learn in a safe place. Another important feature of libraries' programming is their English as a Second Language (ESL) resources. The greatest increase in birth rates in Philadelphia is among people who were not born in the U.S., so the future of Philadelphia depends on ensuring that these residents become active, engaged citizens.

- **What are the city's plans for early childhood nutrition?** One participant indicated that she was very excited about the Nutter administration's plans for the city, and was curious whether any plans were in place to improve early childhood nutrition—after all, children cannot learn if they are not well nourished. Dr. Schwarz agreed that nutrition was a critical issue, and that nutrition education would be an important consideration. The funding for nutrition programs, though, comes primarily from federal programs, rather than the municipal budget. The city's role, Dr. Schwarz said, would be primarily as an advocate and information source to ensure that federal dollars were coming into the city and helping all who are eligible.

- **What is on the agenda for seniors?** One participant pointed out that a population group that will grow in Philadelphia between now and 2015 is people 55 and over. What would be the administration's approach to Philadelphia's senior population? Dr. Schwarz

acknowledged that this was an important issue for the city, and emphasized that one of the key outcomes listed under Health and Opportunity is that all seniors feel safe at home and on the streets. This is not just an issue of violence, he pointed out—there are a number of reasons why elderly people may feel insecure. After a fall, for example, people are more likely to change their activities if they feel unsure of their safety on the streets. Things like improving sidewalk lighting and ensuring a visible police presence will help people feel secure.

TRANSFORMING THE CHILD WELFARE AND BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEMS

Dr. Evans discussed the priorities shaping Philadelphia's child welfare and behavioral health systems and the implications for service providers. Dr. Evans explained that in both child welfare and behavioral health, what is happening in Philadelphia is system transformation.

A Recovery Model for Behavioral Health

In behavioral health, system transformation means moving to a recovery model. For many years, Dr. Evans stated, the prevailing model in mental/behavioral health care was a disease model, or a "black box" model. Under that model, the view was that when people get "sick," or have behavioral health problems, we put them in the black box—professional treatment—so that we can fix them, discharge them and send them on their way. "What are some problems with this model?" Dr. Evans asked the audience. Participants were quick to point out that, under a disease model, (1) providers had to wait until people "came into the box" before they were able to offer any resources, which often meant waiting for people to come into the emergency room or the criminal justice system; (2) providers could only treat one issue at a time—so if a patient was in the substance abuse "box" but also needed the schizophrenia "box," he usually had to get out of one kind of treatment before beginning another; (3) providers often didn't pursue good follow-up, and patients therefore returned to the community not fully "cured."

The recovery model presents a different framework. Rather than trying to solve one problem in isolation, the recovery model sets the overarching goal that people should be healthy and live as independently as possible, then puts together a constellation of services based on the individual's needs. Under the city's new recovery-oriented system of care, the priority is not just reducing symptoms but allowing individuals and families to control their own recovery, with the ultimate goal of promoting the highest degree possible of independent functioning and quality of life for all people in recovery. Dr. Evans said that he recently spoke with a woman whose adult son has serious mental illness. "My son is 30 years old," she told him. "He's not in the state hospital anymore. But now he sits in my basement, watching TV, smoking cigarettes, and that's his entire life—I want more for him." Under the old treatment model, Dr. Evans pointed out, this man would have been considered a success. After all, he isn't bothering anyone—he's not homeless or involved in the criminal justice system. The new model says that success means something more—success means being employed, having a family or being involved in the community. Philadelphia's behavioral health system is now focused on organizing itself to be able to provide that kind of real success and recovery to people.

A Safety Model for Child Welfare

In the child welfare system, Dr. Evans said, the major shift in Philadelphia is toward a safety model of practice within child protection. While the importance of safety, permanency and well-being has been recognized in the field for a long time, the organizational structure and systems in DHS have not always been set up this way. In response, Philadelphia is moving to a framework that was developed by Action for Child Protection, a nationally recognized child safety organization that works to develop best practices and assist child protective services in implementing comprehensive, state-of-the-art child safety decision-making models.

DHS now has a model that includes a clear list of risk factors and protective factors that research has proven to be strong indicators of child safety. Social workers are receiving training on an evidence-based safety assessment to ensure that decisions about when to intervene become standardized according to the best research, rather than being left mainly to individual judgment calls. The department also has implemented a guided decision making system on its child protection hotline, to ensure that staff collect necessary safety-focused information when reports of abuse or neglect are made, as well as an expedited response strategy that puts social workers on the scene within two hours from the time of a report in cases that have been identified as requiring immediate action. DHS is also in the process of implementing a safety model for its in-home protective services; a request for proposals with more details will be issued later this year.

Inclusion Efforts at DHS

Another important shift at DHS involves a priority of being more inclusive about who is listened to in the system. The department is implementing a variety of efforts built around this concept of inclusion.

- **One inclusion effort is a move to "family team decision making" in child welfare.** Family team decision making brings family members and others close to the child into collaboration with social workers, mental health providers, teachers and other professionals for service planning. The logic behind this, Dr. Evans said, is that families who understand and take ownership of their children's issues are able to be more invested in their children and provide a safer environment. This shift is powerfully affecting how DHS thinks about including families in the planning process. For now, the initiative is starting small, but over time, family team decision making will be the primary way families will work within the DHS system.

- **Programs for youth aging out of foster care also are becoming more inclusive.** A new DHS initiative for youth aging out of foster care emphasizes close involvement and input from the youths themselves as well as from family members and other individuals close to the youth when developing aging-out plans. Youth who age out of foster care without good plans for what to do next are at extremely high risk for becoming homeless or incarcerated. They are also at risk of repeating the cycle and becoming abusers themselves. Dr. Evans cited the statistic that, in the case of child fatalities, half of all parents who have

killed their child were found to have been involved in the child welfare system themselves growing up. "We have to break this cycle," he said. Philadelphia's Achieving Independence Center (AIC) is nationally recognized as a leader in providing services for youth transitioning out of foster care. Youth and their family members are closely involved in the planning and advisory structure of the AIC.

- **DHS and DBH/MRS will be implementing several other initiatives aimed at greater inclusion.** These initiatives include additional types of family-centered services for children; a more comprehensive continuum of care for children and adults with serious mental illness; and a cultural competency initiative focused on eliminating health disparities and ensuring that all Philadelphians receive the services they need, regardless of race, ethnicity, religion, sexual orientation or other identities.

- **Philadelphia is focusing on cultural competency in order to overcome health disparities.** Dr. Evans described the problem of disparity in behavioral health treatment. "Does anyone know what the difference is in the prevalence of schizophrenia among African Americans versus whites?" Dr. Evans asked. "There is no difference." He pointed out that the same is true for bipolar disorder, depression and any number of behavioral health issues—their prevalence is the same, regardless of race. The disparity is in where, how and when people get treatment. The city is implementing a variety of measures to overcome these disparities, such as the person-first task force, designed to ensure that every individual receives the specific services that fit their needs, and an interdenominational faith-based initiative to connect with communities that might not otherwise seek treatment. Racial disparities affect the child welfare system as well, Dr. Evans revealed: across the country, children of color are disproportionately more likely than white children to be taken away from their parents. The standardization of practice that will come through DHS's new safety model should help to address this issue, and Dr. Evans stressed that cultural competency would also be an issue in forthcoming requests for proposals, to ensure that the service providers that work in a community understand the cultures of the people they are serving.

Increasing Cross-System Collaboration

Dr. Evans discussed ways in which the city is putting a priority on smart cross-system collaboration. There are a number of instances where staff in one city department could benefit enormously from the knowledge of another. Good examples of cross-system collaboration include (1) involving the health care community more closely in addressing the needs of children in the child welfare system and (2) crisis-intervention teams that bring together behavioral health experts and police. In the former case, a pilot project was conducted that hired nurses to assist social workers in their home visitations. Very often, the nurses were able to quickly identify health concerns and get children access to the appropriate care. In the second example, crisis-intervention teams address the problem of police not knowing how to respond to people with serious psychiatric illness. Police Commissioner Ramsey is supporting the training of 200 police officers in behavioral health issues so that these officers can be deployed and respond appropriately in situations where police come into conflict with someone who may have serious mental or behavioral health issues.

Evidence-Based Practices: A Tool for System Transformation

As the administration rethinks its services in both DHS and behavioral health, an overarching concept is the emphasis on evidence-based practices. Dr. Evans explained that evidence-based approaches are a means of translating scientific research into real world practice. Typically, there has been a 15-year lag between research demonstrating the effectiveness of a particular practice and that practice actually being adopted among providers. This 15-year lag has been present across most fields, from primary care to dentistry to behavioral health. Researchers, funders and providers are now working on using evidence-based practices to shorten this lag time and get practices that are proven to work into the field more quickly. In light of the city's limited dollars, Dr. Evans pointed out, Philadelphia must prioritize funding services that have the best chance of success. He told the audience that, as providers, they would be seeing a consistent focus going forward on ensuring that services the city funds are based on solid evidence.

A Focus on Provider Accountability

Another priority of both DHS and DBH/MRS is increasing provider accountability. Both agencies are moving toward evaluating providers based on outcome measures as opposed to process measures.

At DHS, some examples of this enhanced provider accountability include heightened contractual standards for organizations that provide Services to Children in their Own Homes (SCOH) and increased monitoring capacity within DHS, to allow for monitoring throughout the year rather than just annually. Provider Accountability Forums will be a regular opportunity for sharing information that previously was spread across evaluators, social workers and other sectors of the department, in order to synthesize the facts and make decisions. The Consumer Satisfaction Team, Inc. is a nonprofit that will work directly with children and serve as another set of eyes to help make sure kids are safe and getting all the services they need.

In the behavioral health system, Philadelphia is implementing a model for outpatient quality improvement designed by the Network for the Improvement of Addiction Treatment (NIATx). The NIATx model helps providers of substance abuse services improve their processes and procedures in order to overcome some of the challenges that prevent patients from getting or completing treatment. NIATx includes a number of ways in which small changes in a provider's systems—including something as simple as making reminder calls the day before a patient's appointment—can result in large gains in efficiency and cost-effectiveness. Philadelphia is also increasing its use of Quality Response Teams, which will work directly with providers as they implement performance-improvement plans to address quality concerns.

Consistency and Commitment

In his closing comments, Dr. Evans stressed to the audience that the administration was deeply committed to the priorities that had been discussed and that providers could expect consistency. "I understand why providers sometimes hesitate to make changes," he said. "You want to make sure this isn't some flavor-of-the-month plan before you restructure. But I can guarantee to you

that the things you heard today you will still be hearing from us four years from now, or eight years from now. Evidence-based practices, prevention, early intervention—all of these are the direction we're moving as a system. We need you as providers to buy into the framework so that we can work together."

Questions and Answers

After Dr. Evans's presentation, participants had an opportunity to ask additional questions. These were among the topics they raised:

- **Are there plans to partner with the school district to meet kids' needs?**
  Dr. Evans reported that there were a number of ways in which DHS and DBH/MRS were working with the school district. Among those mentioned were the Philadelphia Compact, the coalition working to implement the recommendations of the Blue Ribbon Commission on Children's Behavioral Health, which Dr. Evans chairs. The Compact provides a forum where school district officials are working closely with all three branches of Philadelphia government on integrating solutions for children's behavioral health. Additionally, the school district's new "reengagement center," designed to get kids who have dropped out back into schools, will have behavioral health staff on hand. Finally, Dr. Evans discussed a recent pilot program in which an outpatient mental health clinic was located in a high school. The pilot demonstrated great results, Dr. Evans reported—youth were able to get appropriate services to help reduce their aggression, resulting in lower rates of suspension and improved academic performance. The department is looking to replicate this model in other high schools.

- **On the issue of accountability, how do you move from theory to practice?**
  A questioner raised the issue that tools and systems, such as audits, will be needed to ensure accountability—but this means changes in bureaucracy, which can take time. Dr. Evans agreed, saying, "We can talk about accountability until we're blue in the face, but if we don't look at it when we actually credential a provider, nothing's going to change." The city is in the process of transforming its practices to support this focus on accountability. All departments within DBH/MRS have come up with plans for what changes need to be made, from the IT capabilities that will be needed to collect the data to the accounting oversight. Dr. Evans acknowledged that there was going to be reengineering involved for everyone, including providers, and that this would take some time, but that the commitment to move toward systems that allow for greater accountability was something the city was taking very seriously.

- **Are there plans to address the shortage of well-trained providers of early childhood education?**
  A questioner asked about the shortage of qualified providers in Philadelphia to work with the youngest children. Dr. Evans agreed that this was an important issue, and that the city would need to look at workforce challenges. Another participant mentioned that Minnesota has developed a model that triages children with the most needs to providers with the most skills, using Early Head Start to fill gaps, in combination with more peer-driven services. The administration officials agreed that this would be an important topic to monitor.

- **What are the city's plans for older people around mental health and substance abuse treatment?**
  Dr. Evans discussed a pilot project that is working with Philadelphia Corporation for Aging to locate behavioral health services in places where seniors can access them. There is a problem with many mental health and substance abuse problems going undetected among the elderly. Often, Dr. Evans said, problems such as depression or substance abuse are misinterpreted as "just old age." One challenge in terms of funding for these services is that the city's behavioral health funding is primarily through Medicaid, but most people over age 65 are covered by Medicare. Dr. Evans said the city was committed to helping seniors get the services they need, but that it involved partnering with Medicare HMOs, which can be complicated.

- **What's on the agenda for autism?**
  A participant noted that although programs have been put in place to identify autism at an early age, the subsequent process of getting all the necessary supports in place for autistic children is an area where there is still a long way to go. She pointed out that autism cuts across all systems—school, physical health, behavioral health—but that parents as consumers have almost no support in coordinating services. Fixing this would take a major overhaul, she acknowledged, but kids can be mainstreamed if the appropriate services are in place. Dr. Schwarz said that the issue is definitely on the city's radar, and that a major reason there has not been coordination is that there had never been a funding stream to pay for autism services, but that this is in the process of changing.

- **What lessons have been learned as a result of managing both DHS and DBH/MRS?**
  One participant was interested in hearing Dr. Evans's thoughts on how the two departments should work together, given that he has now directed both departments. Have there been advantages or lessons learned from the temporary integration of the two? Dr. Evans reflected that, first of all, he had gained a tremendous appreciation of the dedicated staff in DHS and had great respect for how much had been accomplished since the Philadelphia Child Welfare Review Panel report was issued. He said that he felt he would be a much better behavioral health director having had this time at DHS. A vast majority of people in the child welfare system, he pointed out, are also connected to the behavioral health system, whether it is because of cognitive impairment, substance abuse or mental illness. A major realization that came as a direct result of his time at DHS was the importance of finding ways to prevent children involved in the system from growing up to become abusers themselves. Finding ways for DHS and DBH/MRS to work together has now become a key focus of both departments.